

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 24, 2003

RE: MDR Tracking #: M2-03-1300-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Neurosurgeon reviewer who is board certified in Neurosurgery. The Neurosurgeon reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 57-year-old woman was injured while at work on ___. She was treated conservatively, eventually underwent a posterior lumbar interbody fusion at L4-5 and failed to improve, continuing to complain of low back and leg pain. She has been treated conservatively without improvement in her pain.

Requested Service(s)

The specific service requested is a lumbar epidural steroid injection under fluoroscopic control with an epidurogram.

Decision

I disagree with the insurance carrier and find that the epidural steroid injection with epidurogram is medically necessary.

Rationale/Basis for Decision

The documentation shows that the claimant failed to improve after a lumbar interbody fusion at L4-5. Her current symptoms include low back and leg pain, which have not responded to conservative management. Such radicular pain is one of the indications for an epidural steroid injection.

Recent radiological articles make clear that an epidurogram is an integral part of epidural steroid injections in the lumbar spine. The pain management physician refuses to do the epidural steroid injection without the epidurogram and this is consistent with appropriate medical care.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.